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<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 0; font-size: small;">(to be used for all correspondence after initial filing)</p>	<b>Application Number</b>	09/661,731
	<b>Filing Date</b>	September 14, 2000
	<b>First Named Inventor</b>	Daniel M. Jensen
	<b>Group Art Unit</b>	1732
	<b>Examiner Name</b>	Unknown
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket No.</b> 0818.ACB.PT

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$ _____ <input type="checkbox"/> Declaration Claiming Small Entity Status for: <input type="checkbox"/> Independent Inventor <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ___ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request _____ month <input type="checkbox"/> Fee Calculation Table <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form 1449 <input checked="" type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal _____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
<b>Remarks</b>  The Commissioner is hereby authorized to charge any deficiencies in fees or credit any overpayment in connection with this communication to Deposit Account No. 50-0881.		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
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Signature		Date	2/22/01
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<b>CERTIFICATE OF MAILING UNDER 37 CFR § 1.8</b>
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